PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

4NSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| | CURRENT CORRESPONDEN | ICE ADDRESS (Note: Use Block 1 for | any change of address) | | | Note: A certificate o | f mailing can c | nly be used f | or domestic mailin | gs of the | | |
|-----|---|---|---|--|-------------------------|--|---|----------------------------------|----------------------|-------------|--|--|
| | 20005 | 20995 7590 11/18/2004 OIPE | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| | | TENS OLSON & BE | AD IID | • | \.\ \. | | | | | | | |
| | 2040 MAIN STRI | | T0 000 | <u>[S</u>] | I hereby certify that t | rtificate of Ma his Fee(s) Tran | smittal is beir | smission ig deposited with th | e United | | | |
| | FOURTEENTH F | | { | EB 2320 | 105 % | States Postal Service | with sufficient | postage for fi | rst class mail in an | envelope | | |
| | | | 屋 | | 53 | I hereby certify that t States Postal Service addressed to the Ma transmitted to the US | PTO (703) 746- | 4000, on the | date indicated below | v | | |
| 02/ | IRVINE CA 926 24/2005 SSITHIBE 000 | 00035 09882434 | (A) | MADEMA | | Jennifox A | | 1 | | tor's name) | | |
| | FC:1501 | 1400.00 OP | • | MADEN | | Lenn | it be t | Jay- | <u>~</u> | (Signature) | | |
| | FC:1504 300.00 FC:8001 30.00 | | | | | Feb | . 17, 2 | 005 | | (Date) | | |
| | APPLICATION NO. FILING DATE | | FIRST NAMED INVE | | D INVEN | TOR | ATTORNEY DOCKET NO. | | CONFIRMATION NO. | | | |
| | 09/882,434 | John Michael Manne | | | ers | CULLNI | 18.1CP1C1 8852 | | | | | |
| | TITLE OF INVENTION: DNA ENCODING A MACADAMIA INTEGRIFOLIA ANTI-MICROBIAL PROTEIN, CONSTRUCTS COMPRISING THE SAME AND PLANT MATERIAL COMPRISING THE CONTRUCTS | | | | | | | | | | | |
| | APPLN. TYPE SMALL ENTITY | | ISSUE FEE | | PU | BLICATION FEE | TOTAL FEE(S) DUE | | DATE DUE | | | |
| | nonprovisional NO | | \$1370 | | | \$300 | \$1670 | | 02/18/2005 | í | | |
| ď | EXAMINER | | ART UNIT | | CI | .ASS-SUBCLASS | | | | | | |
| | KUBELI | 1638 | | | 800-279000 | | | | | | | |
| | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Knobbe Martens | | | | | | | | |
| | Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached. | | | or agents | OR, altei | natively, | | | | | | |
| | | | | | | | | | | | | |
| | ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required. | | | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | |
| | ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | | | | |
| | PLEASE NOTE: Unles recordation as set forth i | s an assignee is identified be in 37 CFR 3.11. Completion | data will appear on the patent. If an assignee is identified below, the document has been filed for Γ a substitute for filing an assignment. | | | | | | | | | |
| | (A) NAME OF ASSIGN | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | | |
| | * Please see attached for Assignee information | | | | | | | | | | | |
| | Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | | | | |
| | 4a. The following fee(s) are enclosed: 4b. | | | | Payment of Fee(s): | | | | | | | |
| | Issue Fee | | | A check in the amount of the fee(s) is enclosed. | | | | | | | | |
| | Publication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. | | | | | | | | |
| | Advance Order - # o | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form). | | | | | | | | | | |
| | 5. Change in Entity Status (from status indicated above) | | | | | | | | | | | |
| | a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | | | | | |
| | The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Upsted States Patent and I rademark Office. | | | | | | | | | | | |
| | Authorized Signature Jenn: fer House Date Feb. 17, 2005 | | | | | | | | | | | |
| / | Typed or printed name | s | Registration No. 48 868 | | | | | | | | | |
| ١. | an application Confidentia | ion is required by 37 CFR 1.3 lity is governed by 35 U.S.C. application form to the USPT is for reducing this burden, spinia 22313-1450 DO NOT | . 122 and 37 CFR | 1.14. This co | llection i | or retain a benefit by | the public whic | ch is to file (an | ng gathering, prepa | ring and | | |

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Serial No.: 09/882,434 Filed: June 15, 2001

3. ASSIGNEE NAME AND RESIDENCE TATA TO BE PRINTED ON PATENT

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Commonwealth Scientific and Industrial Research Organisation

Campbell, Australia

The State of Queensland, Department of Primary Industries

Brisbane, Australia

The University of Queensland

St, Lucia, Australia

Bureau of Sugar Experiments Stations

Indooroopilly, Australia

Queensland University of Technology

Brisbane, Australia



Case Docket No. CULLN18.1CP1C1

Date: February 17, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Manners et al.

Appl. No.

09/882,434

Filed

June 15, 2001

For

DNA ENCODING A

•

MACADAMIA INTEGRIFOLIA

ANTI-MICROBIAL PROTEIN, CONSTRUCTS COMPRISING THE SAME AND PLANT

MATERIAL COMPRISING THE

CONSTRUCTS

Group Art Unit :

1638

Class/Sub-Class:

800/279000

Examiner

Kubelik, Anne R.

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

February 17, 2/005

Jennifer A. Haynes, Ph. D., Reg. No. 48,868

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

- Enclosed for filing is the Issue Fee for the above-identified application:
- (X) Form PTOL-85. and attachment.
- (X) A check in the amount of \$1730 to cover the issue fee, publication fee, and advanced order of copies is enclosed.
- (X) Please correct the title to read as follows, as indicated on the red-lined version of form PTOL-85 submitted herewith:

DNA ENCODING A MACADAMIA INTEGRIFOLIA ANTI-MICROBIAL PROTEIN, CONSTRUCTS COMPRISING THE SAME AND PLANT MATERIAL COMPRISING THE CONSTRUCTS

Case Docket No. CULLN18.1CP1C1

Date: February 17, 2005

- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

Jennifer A. Haynes, Ph. D.

Registration No. 48,868

Agent of Record

Customer No. 20,995

(415) 954-4114

W:\DOCS\JAH\JAH-8435.DOC 021705